DOCUMENT RESUME

ED 357 593 EC 302 141

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TITLE Beyond Mere Debate: Research Questions Related to the Debate over the SED Definition.
PUB DATE Apr 93
NOTE 8p.; Paper presented at the Annual Conference of the American Educational Research Association (Atlanta, GA, April 12-16, 1993).
PUB TYPE Viewpoints (Opinion/Position Papers, Essays, etc.) (120) -- Information Analyses (070) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Behavior Disorders; Biological Influences; Cognitive Processes; *Definitions; Elementary Secondary Education; Eligibility; *Emotional Disturbances; Environmental Influences; *Etiology; Intervention; *Research Needs; Student Characteristics

ABSTRACT

This paper addresses research implications of proposed modifications of the definition of "severe emotional disturbance" to include students with conduct disorders. Research questions focus on understanding the nature of antisocial, aggressive behavior in children and youth and identifying what services they need. Research is cited suggesting that causes of such behavior are basically environmental, due to cognitive deficits, or to inadequate socialization. Eight questions which research should focus on initially are discussed, including identifying the critical variables of conduct disorders resulting from environmental factors or biological factors and clarifying the role of cognitive deficits. Additional research questions address development of corrective interventions, implications for education, and the role of other service providers. (Contains 34 references.) (DB)

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Beyond Mere Debate: Research Questions Related to the Debate Over the SED Definition

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Paper presented at the Annual Conference of the American Educational Research Association; Atlanta, GA, 1993.

EC 302141

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Beyond Mere Debate: Research Questions Related to the Debate Over the SED Definition.

One of the reasons for the new proposed definition of SED appears to be to settle the debate about whether or not conduct disordered students are eligible for special education services (Council for Children with Behavioral Disorders, 1990; Clairizo, 1987; Nelson, Rutherford, Center, & Walker, 1991; Slenkovich, 1983). Assuming that the definition is adopted and the debate about the eligibility of conduct disordered students is settled, an important question remains. What kind of services do they need?

In order to answer this question, it seems to me, it is first necessary to understand the nature of antisocial, aggressive behavior in children and youth. We are aware of the implications of this behavior disorder as suggested by the criteria in the new definition (NMHSEC, 1991 in Kauffman, p. 32, 1993). We know that it usually, but not always, interferes with academic achievement (Epstein, Kinder & Bursuck, 1989; Kauffman, Cullinan, & Epstein, 1987), instructional atmosphere (Algozzine, 1980; Center, 1993; Mullin & Wood, 1986; Safran & Safran, 1987), social integration (Gresham, 1982) and adult adjustment (Robins & Price, 1991).

Behavior change agents, including psychologists, psychiatrists and teachers, have been largely unsuccessful in their efforts to modify the pattern of behaviors that define conduct disorder (Gordon & Arbuthnot, 1987; Kazdin, 1987). I suspect that a major contributor to our failure is an inadequate understanding of this behavior disorder. I would suggest that we need a better understanding of antisocial behavior in order to plan appropriate services.

There is some research that may help us begin to develop an understanding of this disorder. At least, this is true when the disorder is present in male students. Very little research has examined the possible causes of this disorder in female students. Thus, variables suggested by existing research need to be validated relative to female students. Even for male students, these variables need further study and validation.

Some of this research suggests that the underlying problem is environmental (Offord, Adler, & Boyle, 1986). In particular, there appears to be a failure, on the part of parents or other caretakers, to adequately socialize the behavior of such children (Patterson, Reid & Dishion, 1992). There is also a body of research that suggests biological factors (Chess & Thomas, 1987; Mednick & Hutchings, 1978) may contribute to conduct disorders. Finally, there is research that suggests cognitive deficits contribute to the development of conduct disorders (Longman, Inglis, & Lawson, 1991; Schonfeld, Shaffer, O'Conner & Portnoy, 1988; Stott, 1981).

Of particular interest relative to school failure is research suggesting cognitive deficits. Two studies (Camarata, Hughes &

Ruhl, 1988; Mack & Warr-Leeper, 1992) indicate that one significant cognitive deficit frequently found in this population is in the area of language development. In particular, deficits in language appear to affect the ability to handle abstraction and to form concepts. What is unclear is whether or not cognitive deficits follow or precede antisocial behavior. A study by McMichael (1979) demonstrated that reading failure, which certainly depends upon language development, does not precede antisocial behavior but follows it. This study suggests that reading difficulties do not cause antisocial behavior. However, it does not shed any light on the question of whether or not cognitive deficits precede or follow antisocial behavior, since both could precede reading difficulties.

Further, there is research that indicates cognitive deficits contribute to the problems experienced by conduct disordered children and youth with social integration. Several writers have suggested that the frequent failure of social skills training programs for this population may be due to inadequate attention to cognitive factors (Center, 1989; Goldstein & Glick, 1987). There is evidence that socio-moral reasoning is deficit in this population (Jaquette in Selman, 1980; McColgan, Rest & Pruitt, 1983; Selman, 1976). There is also a body of work that indicates deficits in social cognition and attribution in antisocial children and youth (Dodge, 1980; Dodge & Frame, 1982; Dodge & Somberg, 1987). It seems likely that deficits in cognitive abilities contribute to the problems in social behavior seen in the population and their subsequent rejection by the peer group.

Given inadequate socialization, particularly of aggressive behavior, school failure and the rejection by normal peers seen in this population, there can be little doubt that such children are handicapped. This combination of problems make such children very difficult to successfully treat. In fact, Kazdin (1987) has suggested that the problems appear to be so unresponsive to intervention efforts that they should be considered chronic, in the medical sense. That is, Kazdin suggests that society should be prepared to provide maintenance interventions, possibly for life, to such individuals. Thus, conduct disordered individuals may need ongoing treatment much like many other chronically ill individuals, for example, diabetics.

In all likelihood, understanding this disorder is not a question of whether the source of conduct disorder is biological, early socialization, or cognitive deficits. Rather, it seems more likely that the problems seen in this population result from a combination of these factors. In fact, this has been suggested in some of the studies cited above (McMichael, 1979; Schonfeld, Shaffer, O'Conner & Portnoy, 1988; Stott, 1981). Even though the above studies may be pointing us in the right direction, they have not solved the basic problem; i.e., what kind of services need to be provided to properly serve this population? It serves no useful purpose to make these students eligible for special education if we cannot provide them with appropriate and effective services.

In conclusion, I believe that there are a number of questions that need to be answered before we can effectively serve this population in educational settings At present, I believe that the only purpose served by placing conduct disordered students in special education is to remove them from the regular classroom, which probably does improve the instructional atmosphere in those classrooms. However, while this may be useful to the regular education program, it does not satisfactorily serve the interests of the students removed from regular education and placed in special education. In my opinion, to better serve the interests of conduct disordered students and society, research directed at this population needs to focus on the following:

1. Can conduct disorders result from environmental factors alone? If so, what are the critical variables?
2. Can conduct disorders result from biological factors alone? If so, what are the critical variables?
3. If conduct disorders can result from either biological or environmental factors alone, do the exhibited problems differ, based on cause, and in what ways?
4. If a combination of biological and environmental factors are responsible, what are the critical variables and what kinds of interactions are required?
5. Do all conduct disordered individuals exhibit cognitive deficits?
6. If not, how do the problems of those without cognitive deficits differ from those with deficits?
7. Are cognitive deficits in this population produced by environmental, biological or a combination of variables?
8. If all or only some conduct disordered students exhibit cognitive deficits, what are the critical deficits and how do they contribute to the problems observed?

Once we have the answers to the above questions, there remain several additional questions:

1. Are there corrective interventions for the identified problems or can such interventions be developed?
2. Is there a critical period during which intervention must take place in order to achieve success?
3. If corrective interventions are not possible, are there useful maintenance interventions for theses students or can such interventions be developed?
4. Regardless of the interventions, it seems likely that they will need to be broadly based. Therefore, what role should education play in providing services to this population?
5. What are the implications for education relative to curriculum, methods, service delivery models and teacher training?
6. What role needs to be played by other service providers such as mental health and how must services with these agencies be coordinated to be most effective?

In my view, these and perhaps other questions, such has how to

best operationalize the proposed definition, are some of the critical questions that researchers in education and other disciplines need to address. Until some or all of these questions are answered, it may not make any real difference whether conduct disordered students are included or excluded from special education. Nor may it really matter whether or not the current definition or some revised definition is the official definition through which eligibility for services is determined.

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